Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

| | | | | | | | | | | | |
|--|--|-------------------------------|--------------|-------------|---|------------------|---------------------|------------------------|-------|----------------------------|------------------------|
| | | | (C | FILED · | (Col | (Column 2) | | SMALL ENTITY TYPE | | OTHER THAN OR SMALL ENTITY | |
| FOR | | | NUMBER FILED | | NUMBER | NUMBER EXTRA | | FEE | | RATE | FEE |
| BASIC FEE | | | | | | | | | OR | | |
| TOTAL CLAIMS | | | | minus | 20= * | | | | OR | | |
| INDEPENDENT CLAIMS | | | minus 3 = * | | | | | | OR | | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | <u> </u> | 1 | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | TOTAL | | OR | TOTAL | | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | 10 | OTHER | THAN |
| (Column 1) (Column 2) (Column 3) | | | | | | SMALL | OR SMALL ENTITY | | | | |
| AMENDMENT A | | CLAI REMAI AFT AMEND | NING ER | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • 15 | | Minus | ** 60 | = | | | OR | | |
| | Independent | * * | | Minus | *** 4 | = | | | OR | 86 | 86 |
| / | FIRST PRESE | NOTATION | OF ML | ILTIPLE DE | PENDENT CLAIR | Λ , | | | ``` | 0 | 00 |
| | | | | | | | | | OR | | |
| | | | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT, FEE | Paid |
| | | (Colur | | | (Column 2) | (Column 3) | | | | | |
| AMENDMENT B | | CLA REMAI AFT AMEND | INING ER | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * ' | | Minus | ## | = | | | OR | | |
| | Independent | * | | Minus | *** | = . | | | | | |
| ٧ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | OR | | <u> </u> |
| | | | | | | | | | OR | | |
| | | | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| | | (Colur | mn 1) | | (Column 2) | (Column 3) | | | | | |
| AMENDMENT C | | CLA REMA AFT AMEND | INING ER | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | | Minus | ** | e . | | | OR | | |
| | Independent | * | | Minus | *** | = | | | | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | OR | | |
| | | | | | - | | 1 | | OR | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE | | | | | | | | | OR | TOTAL ADDIT: FEE | |
| - | | | | | IS SPACE is less t | | • | nenadata ba | | | |